

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000931

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

FILED JAN 16 1962

Primary Registration District No. 49 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <b>Daviess</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Daviess</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Gallatin</b>		Length of stay in lb <b>Most of Life</b>		c. CITY OR TOWN <b>Gallatin</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>---</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>---</b>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First <b>Ray</b> Middle <b>Wesley</b> Last <b>Wood</b>			4. DATE OF DEATH Month <b>January</b> Day <b>2</b> Year <b>1962</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-25-1893</b>	9. AGE (last birthday) <b>68</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm Labor</b>		11. BIRTHPLACE (City and state or country) <b>Daviess Co. Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>					
13a. FATHER'S NAME <b>Joe A. Wood</b>		13b. MOTHER'S MAIDEN NAME <b>Ida Wallace</b>		14. NAME OF HUSBAND OR WIFE <b>---</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW I</b>		17. INFORMANT <b>Howard Wood, Hamilton, Mo.</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary + thrombosis</b> DUE TO (b) <b>arterial sclerosis, cardiac enlargement</b> DUE TO (c) <b>Had severe coronary attack 10 days ago, walking in deep snow</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>acute gall bladder infection + removal of eye due to infection 2 yrs ago</b> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>---</b> a.m. <b>---</b> p.m. <b>---</b>		Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Gallatin</b> COUNTY <b>Missouri</b> STATE <b>Missouri</b>	
21. I attended the deceased from <b>June 1958</b> to <b>Jan 2 - 62</b> and last saw <b>him</b> alive on <b>Jan 2 - 62</b> Death occurred at <b>9 A. m</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>H Bailey</b>		(Degree or title)		22b. ADDRESS <b>Gallatin Mo</b>	
22c. DATE SIGNED <b>1-7-62</b>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>1-4-1962</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Brown Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Gallatin Missouri</b>					
24. FUNERAL DIRECTOR <b>Hope Funeral Home, Gallatin, Mo.</b>		ADDRESS		25. DATE RECD. BY LOCAL REG. <b>9 Jan. 1962</b>	
26. REGISTRAR'S SIGNATURE <b>Vernon Engelhart</b>					

(Licensed Embalmer's Statement on Reverse Side)

JAN 18 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*L. C. Fickerson*

Licensed Embalmer No. 3302

P. O. Address Gallatin,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.